


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 04, 2004 8:00 am
Secretary of State

03-04-2004 90003 008 ***150.00

DOCUMENT # P95000062455

1. Entity Name
FITNESS FORMULA, INC.



Principal Place of Business: **7060 JARIUS ROAD SARASOTA, FL 34241**

Mailing Address: **7060 JARIUS ROAD SARASOTA, FL 34241**

54014744



2. Principal Place of Business: **7060 Jarvis Road**

3. Mailing Address: **7060 Jarvis Road**

Suite, Apt. #, etc.

02232004 Chg-P CR2E034 (10/03)

City & State

4. FEI Number: **65-0601853**

Applied For: Not Applicable

Zip: Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
PLAATTNER, ROB 7060 JARIUS RD. SARASOTA, FL 34241		Name: Plattner, Rob Street Address (P.O. Box Number is Not Acceptable): 7060 Jarvis Road City: Sarasota FL Zip Code: 34241	

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *Rob Plattner* DATE: **2-24-04**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: PDST <input type="checkbox"/> Delete	NAME: PLATTNER, ROBERT R	TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: 7060 Jarvis Road
STREET ADDRESS: 5851 PAUMA COURT	CITY-ST-ZIP: SARASOTA, FL 34232	STREET ADDRESS: 7060 Jarvis Road	CITY-ST-ZIP: Sarasota, FL 34241
TITLE: <input type="checkbox"/> Delete	NAME:	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME:
STREET ADDRESS:	CITY-ST-ZIP:	STREET ADDRESS:	CITY-ST-ZIP:
TITLE: <input type="checkbox"/> Delete	NAME:	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME:
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STREET ADDRESS:	CITY-ST-ZIP:	STREET ADDRESS:	CITY-ST-ZIP:

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Robert Plattner* DATE: **2-24-04** DAYTIME PHONE #: **941 379-2772**

Signature and typed or printed name of signing officer or director